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FORM CG-2  
Rev. 2/02

**COMMONWEALTH OF KENTUCKY  
PUBLIC PROTECTION AND REGULATION CABINET  
DEPARTMENT OF CHARITABLE GAMING**

**Application for License for  
DISTRIBUTOR  
Of Charitable Gaming Supplies and Equipment**

1. TYPE OF LICENSE SOUGHT: \_\_\_\_\_ NEW  
\_\_\_\_\_ RENEWAL - LICENSE NUMBER: \_\_\_\_\_
2. NAME OF APPLICANT (**DISTRIBUTOR**): \_\_\_\_\_  
NAME OF CONTACT PERSON: \_\_\_\_\_
3. IS APPLICANT ORGANIZED AS: \_\_\_\_\_ CORPORATION  
\_\_\_\_\_ PARTNERSHIP  
\_\_\_\_\_ SOLE PROPRIETORSHIP  
\_\_\_\_\_ OTHER
- IF "OTHER", EXPLAIN IN DETAIL: \_\_\_\_\_  
\_\_\_\_\_
- 4a. LOCATION OF APPLICANT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4b. MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
COUNTY: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_) \_\_\_\_\_
5. FEDERAL EMPLOYER TAX IDENTIFICATION NUMBER: \_\_\_\_\_
6. DATE OF BIRTH (IF APPLICANT IS AN INDIVIDUAL): \_\_\_\_\_

**NOTE: Pursuant to KRS 238.530(3) no owner, officer, employee, or an immediate family member of an owner, officer, or employee of a facility shall be eligible for licensure as a distributor or manufacturer.**

**Please refer to KRS 238.530(10) for restrictions on all officers, employees, members, volunteers, and the immediate family and/or affiliates of each, relating to a licensed charitable organization's gaming activities.**

- 7a. IF APPLICANT IS A CORPORATION, THE FOLLOWING INFORMATION IS REQUIRED FOR THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER OF THE CORPORATION. **NOTE: THESE OFFICERS SHALL BE SUBJECT TO A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND CHECK, AND FINGERPRINTING WILL BE REQUIRED. ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU RELATING TO THE PROCEDURES FOR THE BACKGROUND CHECKS.**

FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
CHIEF EXECUTIVE OFFICER'S TITLE: \_\_\_\_\_  
\_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
\_\_\_\_\_

FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
CHIEF FINANCIAL OFFICER'S TITLE: \_\_\_\_\_  
\_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
\_\_\_\_\_

- 7b. THE FOLLOWING INFORMATION IS REQUIRED FOR OFFICERS OF THE APPLICANT **NOT LISTED** IN QUESTION #7a ABOVE:

FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
OFFICER'S TITLE: \_\_\_\_\_  
\_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
\_\_\_\_\_

FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
OFFICER'S TITLE: \_\_\_\_\_  
\_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
\_\_\_\_\_

.....  
FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
OFFICER'S TITLE: \_\_\_\_\_  
\_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
\_\_\_\_\_

.....  
FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
OFFICER'S TITLE: \_\_\_\_\_  
\_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
\_\_\_\_\_

*(ATTACH ADDITIONAL SHEETS, IF NECESSARY)*

- 8a. IF APPLICANT IS NOT A CORPORATION, THE FOLLOWING INFORMATION IS REQUIRED FOR THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER OF THE APPLICANT. **NOTE: THESE OFFICERS SHALL BE SUBJECT TO A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND CHECK, AND FINGERPRINTING WILL BE REQUIRED. ADDITIONAL**

**INFORMATION WILL BE FORWARDED TO YOU RELATING TO THE PROCEDURES FOR THE BACK-GROUND CHECKS.**

FULL NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
 CHIEF EXECUTIVE OFFICER'S TITLE: \_\_\_\_\_  
 \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
 CHIEF FINANCIAL OFFICER'S TITLE: \_\_\_\_\_  
 \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 \_\_\_\_\_

8b. LIST ALL OTHER PERSONS WITH MANAGEMENT RESPONSIBILITIES **NOT LISTED** IN QUESTION #8a ABOVE:

FULL NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 \_\_\_\_\_  
 PLEASE PROVIDE JOB TITLE OR POSITION HELD AND DESCRIBE REGULAR JOB DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 \_\_\_\_\_  
 PLEASE PROVIDE JOB TITLE OR POSITION HELD AND DESCRIBE REGULAR JOB DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 \_\_\_\_\_  
 PLEASE PROVIDE JOB TITLE OR POSITION HELD AND DESCRIBE REGULAR JOB DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 \_\_\_\_\_  
 PLEASE PROVIDE JOB TITLE OR POSITION HELD AND DESCRIBE REGULAR JOB DUTIES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(ATTACH ADDITIONAL SHEETS, IF NECESSARY)*

9. THE FOLLOWING INFORMATION IS REQUIRED FOR EACH INDIVIDUAL WHO HAS A 10% OR GREATER FINANCIAL INTEREST IN THE APPLICANT. **NOTE: THESE INDIVIDUALS SHALL BE SUBJECT TO A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND CHECK, AND FINGERPRINTING WILL BE REQUIRED. ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU RELATING TO THE PROCEDURES FOR THE BACKGROUND CHECKS.**

FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
\_\_\_\_\_

FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
\_\_\_\_\_

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

10. PLEASE LIST THE NAMES AND LOCATIONS OF ALL LICENSED MANUFACTURERS AND OTHER DISTRIBUTORS FROM WHICH YOU CURRENTLY, OR PLAN TO, PURCHASE CHARITABLE GAMING SUPPLIES AND EQUIPMENT:

NAME: \_\_\_\_\_  
KY. LICENSE NUMBER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
KY. LICENSE NUMBER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
KY. LICENSE NUMBER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
KY. LICENSE NUMBER: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

11. IF APPLICANT IS NOT A RESIDENT OF THE COMMONWEALTH OF KENTUCKY, PROVIDE THE NAME AND ADDRESS OF THE APPLICANT'S REGISTERED AGENT IN KENTUCKY:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
COUNTY: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_) \_\_\_\_\_

12. HOW LONG HAVE YOU BEEN A DISTRIBUTOR OF CHARITABLE GAMING SUPPLIES AND EQUIPMENT?

TOTAL NUMBER OF YEARS: \_\_\_\_\_  
TOTAL NUMBER OF YEARS IN KENTUCKY: \_\_\_\_\_

13. IS APPLICANT CURRENTLY LICENSED OR PERMITTED TO DISTRIBUTE CHARITABLE GAMING SUPPLIES AND EQUIPMENT IN ANY OTHER STATES OR TERRITORIES?

☐ YES or ☐ NO

IF "YES" TO #13, FOR EACH SUCH STATE/TERRITORY, SPECIFY THE DATE OF LICENSURE, THE LICENSE OR PERMIT NUMBER (IF APPLICABLE) AND THE TYPE OF LICENSE ISSUED:

STATE/TERRITORY: \_\_\_\_\_  
DATE OF LICENSURE: \_\_\_\_\_  
LICENSE OR PERMIT NUMBER: \_\_\_\_\_

TYPE OF LICENSE ISSUED: \_\_\_\_\_

STATE/TERRITORY: \_\_\_\_\_  
DATE OF LICENSURE: \_\_\_\_\_  
LICENSE OR PERMIT NUMBER: \_\_\_\_\_

TYPE OF LICENSE ISSUED: \_\_\_\_\_

STATE/TERRITORY: \_\_\_\_\_  
DATE OF LICENSURE: \_\_\_\_\_  
LICENSE OR PERMIT NUMBER: \_\_\_\_\_

TYPE OF LICENSE ISSUED: \_\_\_\_\_

STATE/TERRITORY: \_\_\_\_\_  
DATE OF LICENSURE: \_\_\_\_\_  
LICENSE OR PERMIT NUMBER: \_\_\_\_\_

TYPE OF LICENSE ISSUED: \_\_\_\_\_

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

14. HAS THE APPLICANT HAD ANY DISCIPLINARY ACTION TAKEN BY REGULATORY AUTHORITIES IN ANY OTHER STATES OR TERRITORIES? ☐ YES or ☐ NO

IF "YES", EXPLAIN IN DETAIL THE CIRCUMSTANCES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. HAS THE APPLICANT EVER BEEN DENIED A LICENSE OR PERMIT IN ANY STATE OR TERRITORY? ☐ YES or ☐ NO

IF "YES", STATE WHEN AND BY WHAT REGULATORY AUTHORITY AND ON WHAT GROUND(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. HAS APPLICANT OR ANY INDIVIDUAL NAMED IN QUESTIONS #7a, #8a, OR #9 ABOVE BEEN CONVICTED OF A CRIME IN FEDERAL COURT OR THE COURTS OF ANY STATE, THE DISTRICT OF COLUMBIA, OR ANY TERRITORY OF THE UNITED STATES?

☐ YES or ☐ NO

☐ Information has not changed from previously reported conviction(s).

IF "YES", DESCRIBE IN DETAIL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. IS APPLICANT LICENSED AS A WHOLESALE OR DISTRIBUTOR OF ALCOHOLIC BEVERAGES?

☐ YES or ☐ NO

18. IS APPLICANT LICENSED AS A CHARITABLE GAMING FACILITY?

☐ YES or ☐ NO

19. IS APPLICANT LICENSED AS A CHARITABLE ORGANIZATION?

☐ YES or ☐ NO

20. IS APPLICANT LICENSED AS A MANUFACTURER?

☐ YES or ☐ NO

21. IS ANY OFFICER, EMPLOYEE, OR CONTRACTEE OF APPLICANT:

A. MANAGING OR OTHERWISE INVOLVED IN THE CONDUCT OF THE CHARITABLE GAMING?

☐ YES or ☐ NO

B. PROVIDING BOOKKEEPING OR ACCOUNTING SERVICES RELATED TO THE CONDUCT OF CHARITABLE GAMING?

☐ YES or ☐ NO

C. HANDLING ANY MONEYS GENERATED IN THE CONDUCT OF CHARITABLE GAMING?

☐ YES or ☐ NO

D. ADVISING A LICENSED CHARITABLE ORGANIZATION ON THE EXPENDITURE OF NET RECEIPTS FROM THE CHARITABLE GAMING?

☐ YES or ☐ NO

E. PROVIDING TRANSPORTATION SERVICES IN ANY MANNER TO PATRONS OF A CHARITABLE GAMING ACTIVITY?

☐ YES or ☐ NO

F. PROVIDING ADVERTISEMENT OR MARKETING SERVICES IN ANY MANNER TO A LICENSED CHARITABLE ORGANIZATION?

☐ YES or ☐ NO

G. PROVIDING PERSONNEL OR VOLUNTEERS IN ANY MANNER?

☐ YES or ☐ NO

22. WHAT CHARITABLE GAMING SUPPLIES AND EQUIPMENT ARE PROVIDED BY YOUR COMPANY?

☐ BINGO PAPER

☐ CHARITY GAME TICKETS

- ☐ HAND-HELD BINGO CARD MINDING DEVICES
- ☐ BINGO FLASH BOARDS AND BLOWERS
- ☐ FESTIVAL – CARNIVAL TYPE GAMES
- ☐ MONTE CARLO TYPE GAMES

**THE APPLICANT SHALL NOTIFY THE DEPARTMENT OF CHARITABLE GAMING IN WRITING OF ANY CHANGES IN RESPONSES TO QUESTIONS 1-22 ABOVE.**

**THE FOLLOWING IS TO BE COMPLETED BY AN OFFICER LISTED ON QUESTIONS #7a, #7b, OR #8a:**

**CERTIFICATION**

I CERTIFY UNDER PENALTY OF PERJURY THAT I AM AN OFFICER AUTHORIZED BY THE APPLICANT TO MAKE APPLICATION FOR LICENSURE AND THAT I HAVE EXAMINED THIS APPLICATION FOR LICENSURE, INCLUDING ACCOMPANYING MATERIALS, AND ALL INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT. I FURTHER CERTIFY THAT THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS AND ADMINISTRATIVE REGULATIONS REGARDING CHARITABLE GAMING IN THE COMMONWEALTH OF KENTUCKY.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**MAIL COMPLETED APPLICATION (INCLUDING ALL REQUIRED ATTACHMENTS), TOGETHER WITH THE \$25.00 PROCESSING FEE MADE PAYABLE TO “KENTUCKY STATE TREASURER”, TO:**

**PUBLIC PROTECTION AND REGULATION CABINET  
DEPARTMENT OF CHARITABLE GAMING  
DIVISION OF LICENSING & COMPLIANCE  
132 BRIGHTON PARK BOULEVARD  
FRANKFORT, KY 40601-3714**

IF YOU NEED ANY HELP COMPLETING THIS APPLICATION, PLEASE CALL (502) 573-5528 OR TOLL-FREE IN KENTUCKY, (800) 729-5672.

VISIT OUR WEBSITE AT:  
<http://dcg.ppr.ky.gov>